

ATTACHMENT C

**LETTER OF INTENT FORM
(MANDATORY NON-BINDING)
Due: June 9, 2004 by 4:00 p.m.**

Please FAX to (916) 449-5414

To: Mary N. Nichols, Contract Manager
California Nutrition Network for Healthy, Active Families
Cancer Prevention and Nutrition Section, DHS

From:_____

Name _____ and
Title:_____

Organization:_____

Address:_____

Telephone:_____

Fax:

E-mail:

We are intending to submit an application for *Community Food Security and Nutrition Education Grants*. We are aware that this is a mandatory, non-binding letter of intent and that applications are due **June 30, 2004 by 4:00 p.m.**

ATTACHMENT D

Application Cover Sheet & Application Checklist Form
Applications due June 30, 2004

A. Application Cover Sheet/Contact Information

| | |
|-------------------------|--|
| Applicant Name: | |
| Street Address: | |
| City, Zip code: | |
| Project Contact Person: | |
| Telephone: | |
| Fax: | |
| Email: | |

B. Application Checklist. Please compile the application in the following order:

- | |
|---|
| <ul style="list-style-type: none"><input type="checkbox"/> Application Cover & Checklist Form<input type="checkbox"/> Project Summary (no form provided)<input type="checkbox"/> Project Narrative (no form provided)<input type="checkbox"/> Scope of Work<input type="checkbox"/> Evaluation Design (no form provided)<input type="checkbox"/> Budget Proposal<input type="checkbox"/> Budget Justification<input type="checkbox"/> Community Support Letters<input type="checkbox"/> Resumes for Project Staff |
|---|

Submit to:

Mailing Address:

Mary N. Nichols
Contract Manager
Cancer Prevention and Nutrition Section
P.O. Box 997413, MS -7204
Sacramento, CA 95899-7413

**Shipping Address/
Overnight Express:**

Mary N. Nichols
Contract Manager
Cancer Prevention and Nutrition Section
1616 Capitol Ave., Suite 74.516, MS 7204
Sacramento, CA. 95814